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AUTHOR Shorkey, Clayton T.; Cramer, Steve
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ABSTRACT

This document includes an annotated bibliography of 93 major articles related to cognitive behavior therapy reported in 15 professional journals between 1966 and 1977. A summary and reference grouping of the articles are included to allow for identification of articles related to: definitions and descriptions of cognitive behavior therapy, relationship to orthodox behavior therapy, assessment instruments and procedures, cognitive therapy techniques, applications to client groups and problem types, treatment effectiveness, and relevant experimental research related to modification of emotions and attitudes. (Author)

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ABSTRACT

Cognitive Behavior Therapy: Summary and Annotated Bibliography

Clayton T. Shorkey and Steve Cramer
School of Social Work
The University of Texas at Austin

This document includes an annotated bibliography of 93 major articles related to cognitive behavior therapy reported in 15 professional journals between 1966 and 1977. A summary and reference grouping of the articles are included to allow for identification of articles related to: definitions and descriptions of cognitive behavior therapy, relationship to orthodox behavior therapy, assessment instruments and procedures, cognitive therapy techniques, applications to client groups and problem types, treatment effectiveness, and relevant experimental research related to modification of emotions and attitudes.

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SUMMARY

Many of the basic assumptions of current cognitive behavior therapies were outlined by Albert Ellis over twenty years ago as a part of Rational Emotive Therapy. Clinical and experimental work in this area has grown rapidly in the past five years due to the increased popularity of behavioral methods in general and to recent contributions to the cognitive behavioral area by Beck, Lazarus, Meichenbaum and others. This year, a new journal, Cognitive Therapy and Research, has appeared to stimulate and communicate theory and research in this area. The purpose of this project was to identify and review relevant journal literature in this field during the past ten years up to the date of publication of this new cognitive therapy journal. Articles summarized in this document reflect important areas of the cognitive behavior literature for both the researcher and clinician. Areas specified include definitions and descriptions of cognitive behavior therapy, relationship to orthodox behavior therapy, assessment instruments and procedures, cognitive therapy techniques, applications to client groups and problem types, treatment effectiveness and experimental research related to modification of emotions and attitudes. Journals reviewed in this search included: The American Psychologist, Behaviorism, Behavior Modification, Behavior Therapy, Behaviour Research and Therapy, Child Welfare, Clinical Social Work Journal, Journal of Abnormal Psychology, Journal of Applied Behavioral Analysis, Journal of Behavior Therapy and Clinical Psychiatry, Journal of Consulting and Clinical Psychology, Journal of Counseling Psychology, Professional Psychology, Psychotherapy: Theory, Research and Practice, and Rational Living.

A number of articles in this literature attempt to describe and define cognitive behavior therapy (12, 25, 52, 70, 86); others focus on similarities and differences between orthodox and cognitive behavior therapy (7, 10, 15, 22, 24, 31, 48, 57, 78, 79, 85, 93).

Assessment instruments developed and frequently used in this area include: Questions for Rating Reason (2), the Rational Behavior Inventory (3, 82, 90), the Self-Rating Scale for Rationality (4), the Hopelessness Scale (8), the Rotter External-Internal Scale (17), the Adult Irrational Ideas Inventory (27), the Personal Beliefs Inventory (36), the Irrational Belief Test (3, 40), and the Irrational Values Test (54). In addition, an interview model for assessment of children's behavior, including cognitive, behavioral and emotive aspects, has been developed (11).

Major cognitive and behavioral techniques emphasized in the literature include: cognitive restructuring (30, 32, 67), positive reinforcement (18, 20, 28, 39, 59), modeling and roleplaying (43, 45, 60, 68), emotive imagery (61), homework assignments (62), biofeedback (49) and hypnosis (33).

Research regarding personality characteristics that influence cognitive modification include: stimulus differentiation and stimulus assimilation (5), dogmatism (6, 90), depression (35, 44), motivation to

succeed and motivation to avoid failure (37), active participation and vicarious participation (74), and tolerance for discomfort (81). Evaluation of children's self-worth by parents and teachers is discussed as an important factor in influencing the children's own view of themselves and their relationships with others (14, 34, 49).

Cognitive behavior therapy is being used for a range of problems and with different client types including: children (19, 34, 43, 65, 68, 80, 92), adolescents and college students (55, 64, 75), parents (46, 47), sexual problems (21, 59), social inhibition (53), anxiety (8, 66), anger (73), depression (8, 77, 89), alcoholism (83) and to increase impulse control (9, 43, 60, 68).

Procedures for use of cognitive behavioral methods in groups have been presented by several researchers for use with children and/or adults (26, 50, 63, 65).

Relevant experimental literature also suggests that cognitive modifications may be facilitated under conditions of embarrassment (1), low stimulus disorganization (5), positive expectancy for change (13, 20, 35, 44), and limited distracting stimuli (14).

The effectiveness of cognitive behavior therapy has been the focus of several research studies. Cognitive behavioral methods have been reported as effective or significantly more effective than other approaches selected such as desensitization, pseudotherapy, fixed role therapy, shaping, relaxation training, and verbal extinction (30, 38, 41, 42, 51, 56, 66, 69, 73, 80, 84, 88).

1. Apsler, R. "Effects of embarrassment on behavior toward others." Journal of Personality and Social Psychology, 1975, 32, 145-153.

Summary: Two related experiments are presented in which subjects' compliance in a time-consuming task is dependent on their previous experience in an embarrassing or non-embarrassing situation and also on whether the confederate presenting the task was an observer or non-observer of the embarrassing behavior. Results show that embarrassed subjects showed greater compliance ($p < .02$). No observer-non-observer affect was noted. The author suggests that the results support previous research, that negative affect can be dispelled by complying with a request for help. Four other alternative explanations are also tentatively offered.

2. Argabrite, Alan H., and Nidorf, Louis J. "Fifteen questions for rating reason." Rational Living, 1968, 3 (1), 9-11.

Summary: Beginning with the definition of neuroticism as "the acceptance and maintenance of irrational beliefs" (Ellis, 1962), the authors present a scale designed to rate irrationality. Two polar statements are given in each question, and subjects are asked to choose either one, or any of three intermediate points. Test results correlate positively, but not highly, with other more traditional tests of psychopathology.

3. Bak, Joseph S. and Ray, Joseph B., "A comparison and cross validation of the Irrational Belief Test and the Rational Behavior Inventory." Lubbock, Texas: Texas Technological University, 1977, unpublished manuscript.

Summary: The primary purpose of the study was to determine whether the total test scores on the 100-item Jones Irrational Belief Test (1968) and the 37-item Shorkey-Whiteman Rational Behavior Inventory (1977) correlated. Sixty undergraduate students were tested on both tests. Basic research hypotheses were confirmed. There was a highly significant negative relationship between scores on the IBT and the RBI, $r\ (58) = -.72$, $p < .001$. Scores of Ss in the test sample on the IBT were significantly different from the original undergraduate standardization sample on only three of the ten scales. Comparison of the scores of the cross validation sample with the original standardization sample on the RBI differed significantly on only two of the 11 scales.

4. Bard, James A. "A self-rating scale for rationality." Rational Living, 1973, 8 (1), 19.

Summary: The scale presents 20 statements. Subjects are asked to indicate agreement or disagreement with each on a -2 to +2 scale. No reliability or validity information is presented.

5. Baron, Reuben, M. "Cognitive basis of attitude change as a function of motivational, stylistic and stimulus factors," Journal of Personality and Social Psychology, 1964, 12 (2), 219-230.

Sample: 110 male, 89 female undergraduates

Dependent Variables: Immediate attitude change, frustration experienced, delayed attitude change.

Independent Variables: High versus low need for cognitive clarity and degree of stimulus organization; information processing style (assimilating-differentiating).

Procedure: All Ss completed an attitude questionnaire in class. Two weeks later, all read a pro-advertising article. High need for cognitive clarity Ss were asked to mentally perform a detailed summary and evaluation of the article; low clarity Ss were asked to evaluate the difficulty of the article's language for a 12-year-old. All Ss then completed a frustration questionnaire, a content quiz, and the attitude questionnaire.

Results: An analysis of variance for the total sample, revealed no statistically significant effects for the independent variables either singly or in combination. In the males only, differentiators changed their attitudes significantly more than assimilators under high stimulus disorganization ($p < .01$ for Duncan's MRT); no significant difference was obtained under the low stimulus disorganization condition. The delayed attitude change results show that a significant assimilating-differentiating need for cognitive clarity interaction occurred in males ($F+13.90$, $p < .001$). There was no evidence of this interaction in females. For the total sample, and for males, subjects in the high stimulus disorganization condition tended to be more "exasperated" than those in the low stimulus disorganization condition ($F=3.50$, $p < .10$ and $F+5.50$, $p < .05$ for the total sample and the males, repsectively).

6. Batson, C. "Rational processing or rationalization?" The effect of disconfirming information on a stated religious belief." Journal of Personality and Social Psychology, 1975, 32 (1), 176-184.

Sample: 50 female adolescents in a Presbyterian church youth program.

Dependent Variable: Pre- to post-test changes in religious belief measured by Religious Belief Inventory.

Independent Variable: Self-assignment to believer or non-believer groups, acceptance or non-acceptance of disconfirming information.

Procedure: Subjects were asked to indicate belief or non-belief in the divinity of Jesus by seating themselves in one of two clearly indicated groups. After completing Part I of the Religious Belief Inventory, they were shown a faked news report indicating the New Testament was fraudulent. They then completed the final part of the questionnaire and indicated their belief in the news report. Extensive discussion and debriefing followed.

Results: Non-believers had significantly lowered post-test scores ($p < .01$). Believers who accepted the disconfirming news report as true showed significantly higher belief scores ($p < .001$). The author suggests that this supports a rationalization explanation.

7. Beck, Aaron T. "Cognitive therapy: nature and relation to behavior therapy." Behavior Therapy, 1970, 1, 184-200.

Summary: Cognitive therapy and behavior therapy, although similar in their shared focus on structure, specificity, unlearning adaptive behavior patterns, and their shared rejection of psychosocial history and psychoanalytic assumptions, differ in their theoretical bases and treatment procedures. Cognitive therapy stresses the modification of faulty patterns of thinking through recognition and correction of cognitive distortions and deficiencies. A cognitive model of psychopathology proposes two systems of cognitive structures; one relatively crude and illogical and the other more mature, refined, and elastic. Therapeutic change is attributable to a shift in the clients ideational system from the former to the latter.

8. Beck, Aaron T. et.al. "The measurement of pessimisim: The Hopelessness Scale." Journal of Consulting and Clinical Psychology, 1974, 42 (6), 861-865.

Summary: A 20-item Hopelessness Scale was developed using nine items from an attitudinal test regarding the future. Eleven items were selected from the statements of patients judged to have feelings of hopelessness by therapists. Input on question content was obtained from a random sample of depressed and non-depressed patients and from clinicians regarding face validity and comprehensibility. The scale was administered to 294 patients with recent suicide attempts. Kuder-Richardson Formula 20 co-efficient alpha showed reliability of .93. Item total co-efficients ranged from .39 - .76. A concurrent validity study using clinicians' ratings yielded correlations with the Hopelessness Scale of .62 - .74 (p .001). Hopelessness Scale scores correlated with scores on the Stuart Future Test and Depression Inventory at .60 and .63, respectively. The scale was sensitive to changes in depression over time: An affective, a motivational, and a cognitive factor were extracted.

9. Bergin, Allen E. "A self-regulation technique for impulse control disorders," Psychotherapy: Theory, Research, and Practice, 1969, 6 (2), 113-118.

Summary: Impulse disorders or "deficiencies in self-regulation" are due to an absence or a breakdown in the individuals conscious self-regulatory ability. The technique involves a careful diagnostic evaluation of the precise conditions under which self-control is deficient and then training the client in methods of conscious self-control. Client and therapist first explore the sequence of impulse-related events. The client is then encouraged in conscious ways to disrupt this chain as early as possible. Four cases are discussed in which impulses weakened as self-regulation increased.

10. Bergin, Allen E. "Cognitive therapy and behavior therapy: Foci for a multidimensional approach to treatment." Behavior Therapy, 1970, 1, 205-212.

Summary: While agreeing with Beck (1970) on similarities and differences between cognitive and behavior therapy, the author advocates a multidimensional focus on the mechanism of therapeutic change. All behavioral therapies necessarily contain an aspect of cognition on the part of the client. Although little evidence of the efficacy of cognitive techniques has been presented, cognitive therapy holds promise, especially in the areas of replacing irrational cognitions with more realistic ones and building up cognitive deficiencies.

11. Bersoff, Donald N. and Grieger, Russell M. "An interview model for the psycho-situational assessment of children's behavior." Journal of Rational Living, 1972, 7 (1), 14-22.

Summary: A model interview is presented including four major tasks: 1) definition of the target behavior, 2) explication of the stimulus situation in which it occurs, 3) uncovering the contingencies that perpetuate the behavior, and 4) detection of the irrational ideas of parents and/or teachers that make understanding, acceptance, and modification of the behavior difficult. These tasks are carried out by the worker in conjunction with both of the parents and the teacher or other referring person.

12. Boneau, Allan C. "Paradigm regained? Cognitive behaviorism restated," American Psychologist, 1974, 29 (5), 297-309.

Summary: The theory, a "cognitive behavioral/hedonistic approach," assumes that through dealing with the environment the individual (a gatherer, processor and user of information) internalizes information about the external world and forms the IME - internal model of the environment. The dimensions of the IME - situations, action and outcome roughly correspond to the external dimension of stimulus, response and reinforcement. The author also discusses the applications of information processing to other areas of psychology.

13. Borkovec, Thomas D. "Effects of expectancy on the outcome of systematic desensitization and implosive treatments for analogue anxiety." Behavior Therapy, 1972, 3, 29-40.

Sample: 50 female undergraduates reporting snake fear and failing to touch a harmless snake in behavioral pre-test.

Dependent Variable: Behavioral Avoidance Test, Fear Thermometer, pulse rate, finger sweat print,and base skin response.

Independent Variables: Treatment mode: systematic desensitization, implosion, avoidance response,placebo, or no-therapy control. Positive or neutral expectancy.

Procedure: All subjects were pre-tested on all measures except BSR. Each was then randomly assigned to a treatment expectancy condition and was seen once a week for four weeks. BSR was monitored during treatment. At the end of the four weeks all subjects were post-tested on all measures.

Results: On the behavioral measure, there was a significant effect of expectancy. No effect of the therapy group was seen in the neutral expectancy condition. Expectancy was also effective in reducing reported fear on the self-report measure. Regardless of expectancy condition, desensitization and implosion both lowered pulse rate.

14. Brainerd, Charles J. "Personal worth and perception of one's parents," Rational Living, 1969, 4 (1), 17-18.

Sample: 80 male and 80 female undergraduates, median age 19.7.

Procedure: All subjects completed both father and mother forms of Roe and Siegelman's (1963) Parent-Child Relation Questionnaire (PCRQ) to assess their perceptions of their parents' evaluation of them and also a Q-sort based on Rogers' and Dymond's (1959) and Block's (1961) instruments to assess their evaluations of their own personal worth.

Results: For female subjects, perceptions of both parents' evaluations were predictive of self-evaluations. Male's self-evaluations correlated only with the father's evaluation.

15. Brown, Capt. Barry M. "Cognitive aspects of Wolpe's behavior therapy," American Journal of Psychiatry, 1967, 124 (6), 854-859.

Summary: Detailed observation of Dr. Joseph Wolpe's treatment sessions shows the following aspects: 1) warm, accepting, relaxed personality of the therapist, 2) verbal interaction of therapist and client, including psychocatharsis, therapist questioning, and challenging thought patterns; and 3) specific treatment modalities of assertive training and systematic desensitization. All of these have significant cognitive components, which suggests that cognitive reorganization, more than reciprocal inhibition, determines success in treatment.

16. Brock, M.D. "Coping model treatments: unresolved issues and needed research." Behavior Therapy, 1976, 7, 711-713.

Summary: There are several unresolved issues concerning the validity of the coping model approach. These include: 1) The use of a mastery model as opposed to a coping model; 2) The specific mechanisms of influence of coping model treatments, 3) An alternate explanation attributing the approach's effects to information about response consequences; 4) The transferability of behavior change to other situations.

17. Collins, Barry E. "Four components of the Rotter Internal-External Scale: belief in a difficult world, a just world, a predictable world, and a politically responsive world." Journal of Personality and Social Psychology, 1974, 29, (3), 381-391.

Summary: The 23 forced-choice items of the Rotter scale were changed to 46 Likert scale items. 42 intermediate items were added and the new 88 item scale was given to 300 undergraduates. Reliability in comparison to the original scale was tested with 55 subjects and was .82. Results showed four common-theme factors which accounted for 83% of the items; belief in a difficult-easy world, an unjust-just world, a predictable-unpredictable world, a politically responsive-unresponsive world. External subjects showed belief in a world that was difficult, unpredictable, unjust and unresponsive.

18. Coons, W.H. and McEachern, D.L. "Verbal conditioning, acceptance of self, and acceptance of others." Psychological Reports, 1967, 20, 715-722.

Sample: 58 male RCAF personnel

Dependent Variables: Pre-post changes in acceptance of self and others by self-report.

Independent Variable: Reinforcement of self-accepting verbalizations.

Procedure: 58 subjects with low self-acceptance were isolated from a pool of 400 volunteers by Form A of the Becker (1952) scale. Each was then presented with the questions one at a time, and experimental subjects were verbally reinforced for self-accepting choices up to a pre-set criterion. After conditioning, all subjects completed Form B, which contained Form A, plus similar but non-identical statements about self, and also statements about others.

Results: Experimental subjects scored significantly higher than controls for both self-acceptance and acceptance of others.

19. Daly, Shirley, "Using reason with deprived pre-school children." Journal of Rational Living, 1971, 5 (2), 12-19.

Summary: Application of principles of rational-emotive therapy are described in a nursery school setting in working with children who come from economically and socially deprived backgrounds. Selected principles are described and illustrated including: acceptance and refusal to blame children for their behavior, straight talk, praise for attempts at improvement, setting definite limits for acceptable behavior, and anti-castrophizing.

20. Davison, Gerald C. and Wilson, Terence G. "Processes of fear-reduction in systematic desensitization: cognitive and social reinforcement factors in humans." Behavior Therapy, 1973, 4, 1-21.

Summary: A review of the literature on the critical variables operating in systematic desensitization shows a failure to account for therapeutic effects on the basis of induced counterphobic cognitions. Expectancy of gain and induced self-instructions seem to increase efficacy, and may have other uncontrolled effects on the procedure. The social reinforcement effects of the therapist do not seem to have had adequate testing and are inconclusive.

21. Ellis, Albert. "Rational-emotive treatment of impotence, frigidity, and other sexual problems." Professional Psychology, 1971, 2, 346-349.

Summary: Basic theory and treatment techniques of rational-emotive therapy with sexual problems are outlined. Techniques discussed include: confrontation, cognitive reconditioning, written homework, and biblio-therapy. A case study illustrates the use of the approach with a young male who was losing his ability to maintain erections. Success rates of 75-80% are reported in cases of frigidity and impotence.

22. Ellis, Albert. "What kinds of reinforcement can cognitive-behavior therapists receive from B.F. Skinner?" Behavior Therapy, 1972, 3, 263-274.

Summary: The author notes that although Skinner, in Beyond Freedom and Dignity (1971), attacks ideas used in cognitive-behavior therapy, sections of the book are consistent with a cognitive-behavioral viewpoint. Ellis also points out references where Skinner and cognitive-behavioral ideas are at variance and presents the case for the mediational version.

23. Ellis, Albert. "Helping people get better rather than merely feel better." Journal of Rational Living, 1972, 7 (2), 2-9.

Summary. Expressive-emotive therapies, while having the advantage of teaching clients to be more authentic, to examine feelings, to discover capacity for pleasure, to take risks, to examine beliefs and values, also have the disadvantages of allowing clients to become a short range hedonist, to fail to think in a constructive way about problems and to accept false emotional feedback. The author suggests the alternative of rational-emotive therapy, which deals with disturbed emotions, behaviors, and cognitions.

24. Ellis, Albert. "Are cognitive behavior therapy and rational therapy synonymous?" Journal of Rational Living, 1973, 8 (2), 8-11.

Summary: Although RET fits under the general heading of cognitive behavior therapy, it has different theoretical and practical emphasis from other forms of CBT. In theory, RET stresses the importance of cognitive mediating elements in acquisition and change of emotional reactions. In practice, RET makes greater use of such techniques as rational-emotive imagery, homework assignments, dramatic-emotive methods, and a general cognitive-didactic-philosophic approach than does CBT, which is more likely to employ variations of systematic desensitization or implosion and to stress behavioral or symptom change.

25. Ellis, Albert. "Experience and rationality: The making of a rational-emotive therapist." Psychotherapy: Theory, Research, and Practice. 1974, 11, 194-198.

Summary: The author discusses his own development as a psychotherapist and his development of Rational-Emotive Therapy. The philosophical bases of RET and basic practice techniques are discussed from a personalistic point of view.

26. Ellis, Albert. "The group as agent in facilitating change toward rational thinking and appropriate emoting," in The Group as Agent of Change, Alfred Jacobs and Wilford Spradlin (eds). Behavioral Publications, 1974.

Summary: Rational-emotive therapy is designed to help the childishly demanding client to make systematic attack on his demandingness by changing his personal value system through cognitive intervention. This may be done through a variety of group methods; family group therapy, marathon sessions, workshops in rational living, and in the context of academic education. The use of RET in a group context has certain advantages relating to increased insight and motivation to change, mutual support, increased feedback, the presence of examples and models, and a generally wider range of input to the client than is possible in a one-to-one client-therapist relationship.

27. Fox, E.E. and Davies, R.C. "Test your rationality." Journal of Rational Living, 1971, 6, 23-25.

Summary: The Adult Irrational Ideas Inventory is an adult version of Zingle's (1969) Irrational Ideas Inventory developed for adolescents. Some of the items on the AII are directly from the II; others are revised; others are new. Construct validity is derived from the AII's high (.70) correlation with the II, which was previously validated. The AII has been shown to discriminate between hospitalized psychotics and a normal representative sample. AII test-retest reliability was found to be a .767 (Pearson r).

28. Fromme, Donald K., Whisenant, William F., Susky, Helen H. and Tedesco, John F. "Group modification of affective verbalizations." Journal of Consulting and Clinical Psychology, 1974, 42 (6), 866-871.

Sample: 26 male and 22 female undergraduates.

Dependent Variable: Frequency of reinforceable affective statements.

Independent Variable: Experimental condition: instructions only, reinforcement and instructions, instructions and therapist, or all three.

Procedure: Subjects were divided into groups of four and given instructions suggesting the value of sharing feelings. Reinforcement groups got immediate visual and audible feedback about affective statements through an electro-mechanical device. Therapist groups were told that the therapist was a skilled and experienced group facilitator. All groups interacted for 60 minutes, then completed a questionnaire on reactions to the experiment.

Results: Therapist and reinforcement conditions led to an equivalent frequency of affective statements, and their effects summated when together. Instructions alone showed no effect.

29. Geer, James H. and Fuhr, Robert. "Cognitive factors in sexual arousal: the role of distraction." Journal of Consulting and Clinical Psychology, 1976, 44 (2), 238-243.

Sample: 31 male undergraduates.

Dependent Variable: Changes in penile tumescence

Independent Variable: Complexity of interfering cognitive operations.

Procedure: All subjects heard via stereo headphones, a list of random digits in one ear and an explicit description of a sexual experience in the other. Groups of subjects were asked to either 1) listen to the digits, 2) copy them down, 3) add successive pairs and write down the result, or 4) classify the pair according to a complex protocol. Penile tumescence was measured with a mercury-filled strain gauge and recorded on a polygraph.

Results: Changes in penile tumescence were inversely related to complexity of the distracting task.

30. Glass, Carol R., Gottman, John M. and Shmurah, Steven H. "Response-acquisition and cognitive self-statement modification approaches to dating skills training." Journal of Counseling Psychology, 1976, 23 (6), 520-526.

Sample: 61 male college student volunteers.

Dependent Variables: Pre-post changes on the Dating Behavior Assessment Test (DBAT), in vivo phone call assessment measures, and six month follow-up questionnaire.

Independent Variables: Assignment to treatment groups: response acquisition, cognitive self-statement, combined, enhanced response acquisition, enhanced cognitive self-statement, waiting list control.

Procedure: Problem situations, competent responses, and coping self-statements for DBAT were empirically derived from undergraduate students' reports. Subjects were randomly assigned to groups and attended a 90 minute group session for role induction, then 3-4 60-minute individual treatment sessions using coaching, model response, and re-coaching and/or training in self-statement modification and reinforcement.

Results: Subjects trained in self-statement modification showed better role-play performance, made more phone calls, and made a better impression on the women (confederates) called.

31. Goldfried, Marvin R. "Systematic desensitization as training in self-control." Journal of Consulting and Clinical Psychology, 1971, 37 (2), 228-234.

Summary: Although Wolpe explains the effectiveness of systematic desensitization on the basis of reciprocal inhibition, a mediational interpretation based on the hypothesis that the client learns a generalized skill for coping with anxiety is also supported by experimental evidence. Procedural modifications are therefore proposed in which: 1) a coping response rationale for the treatment is given, 2) relaxation is learned as a response to specific anxiety-produced tensions, not situations, 3) hierarchy construction is based only on amount of perceived anxiety, not on a single theme, 4) anxiety during imaginal presentation of the hierarchy items is dealt with by relaxing away tension, not stopping the scene, and 5) the client is encouraged to practice the new response in vivo.

32. Goldfried, Marvin, Decenteceo, Edwin, and Weinberg, Leslie. Systematic rational restructuring as a self-control technique." Behavior Therapy, 1974, 5, 247-254.

Summary: The effect of irrational or inappropriate self-statements and "internalized sentences" on subsequent emotional reactions is discussed in terms of the possibilities of changing these inaccurate statements through rational restructuring. An outline of the process of rational-emotive therapy with treatment suggestions is presented. A brief report on an experiment supporting the authors' view is included.

33. Greene, Robert J. "Combining rational-emotive and hypnotic techniques: treating depression." Psychotherapy: Theory, Research, and Practice, 1973, 10 (1), 71-73.

Summary: RET provides a framework for the treatment of guilt-induced depression. With clients in acute emotional states, however, the processing of incoming stimuli is often blocked. In these cases, hypnosis provides a means for enhancing communication and increasing receptivity to the therapist's messages. A case study is included of the successful application of hypnosis-mediated RET with a depressed 38-year-old woman.

34. Grieger, Russell M. "Teacher attitudes as a variable in behavior modification." Journal of Rational Living, 1972, 7 (2), 14-19.

Summary: School psychologists often act as consultants for teachers who are the actual mediators of change in their pupils. An important variable in the potential success of this type of intervention is the teacher's attitudes about himself and his pupils. Some of the potential irrational ideas the teacher may hold are: 1) that the problem resides in the child, not in his interaction with his situation; 2) that it is wrong to express negative feelings; 3) that children must not be frustrated; 4) that a child "should" behave differently from the way he does; 5) that the child's disruptive behavior "causes" the teacher to feel a certain way; 6) that children are blameworthy for their misdeeds. Specific techniques are given for dealing with these attitudes.

35. Hammer, C.L. and Kravitz, S. "Effect of success and failure on depressive cognitions." Journal of Abnormal Psychology, 1976, 85 (6), 577-586.

Sample: 67 female undergraduates.

Dependent Variables: Subjects' prediction of task success, self-rating scale, cognitive distortions in story task.

Independent Variables: Depressed versus non-depressed status; success, failure, or no feedback in simulated therapy task.

Procedure: 200 undergraduate females were screened by the DBO and Beck Depression Inventory to produce 33 moderately depressed and 34 non-depressed subjects. Subjects completed the prediction of success scale, then completed a vignette "therapeutic talent test." Success-feedback subjects were given bogus percentile scores of 85-93 while failure feedback subjects were given percentile scores of 29-37. No mention of feedback was made to no-feedback subjects. After feedback, subjects completed a post-test version of the prediction of success scale, the self-rating scale, and a story completion task. Debriefing followed.

Results: There were no pre-test prediction differences between depressed and non-depressed subjects; differential effects of feedback condition were significantly greater for depressed subjects, with reactions to failure feedback significantly stronger than to success feedback. Depressed subjects were more likely to make distorted-depressed responses to the story task, regardless of feedback condition.

36. Hartman, B.J. "60 revealing questions for 20 minutes." Journal of Rational Living, 1968, 3 (1), 7-8.

Summary: The author presents a 60-item Personal Beliefs Inventory derived from an original list of 135 items. Test-retest reliability was found to be .89; split-half reliability was .95. The test has been shown to differ significantly in pre-test tests of 8 clients undergoing rational psychotherapy and 23 undergraduates undergoing a psychopathology course based on a rational therapy approach.

37. Hamilton, J. Ogden. "Motivation and risk-taking behavior: a test of Atkinson's theory." Journal of Personality and Social Psychology, 1974, 29 (6), 856-864.

Summary: In a test of a hypothesis derived from Atkinson's theory, that subjects with motivation to succeed greater than motivation to avoid failure (Ms>Mf) would choose a task whose probability of success was .5. 37 male high school seniors were tested for Ms and Mf. They then had extensive recorded practice in a ring toss game, and were shown their probabilities of success at 10 distances from the peg. Each then threw 10 more rings from a self-chosen distance. General results conformed to the predictions; subjects with Ms>Mf tended to choose tasks with a moderate probability of success more than subjects with Mf>Ms.

38. Holroyd, K.A. "Cognition and desensitization in the group treatment of test anxiety." Journal of Consulting and Clinical Psychology, 1976, 44 (6), 991-1001.

Sample: 60 volunteer undergraduates with scores >32 on the Debilitating Anxiety Scale.

Dependent Variables: Pre-post changes in self-reported test anxiety, performance in analogue test, grade point average.

Independent Variable: Treatment mode: cognitive therapy, systematic desensitization, combined, pseudotherapy, waiting list control.

Procedure: Following stress-inducing pre-testing, experimental subjects had seven one-hour weekly treatment sessions. The cognitive therapy was based on RET. Desensitization used the group procedure described by Paul (1966). Pseudo-therapy subjects were taught "meditation techniques". All experimental subjects were given an appropriate rationale for treatment.

Results: No difference was seen between therapy groups in self-reported anxiety; all four therapy groups improved significantly compared to controls. Cognitive therapy was seen to be more effective in reducing anxiety in the analogue testing situation and improving grade point average.

39. Ince, Laurence. "The self-concept variable in behavior therapy." Psychotherapy: Theory, Research and Practice, 1972, 9, 223-225.

Summary: Two characteristic difficulties in behavior therapy which are related to the client's self-concept are 1) failure of improvements in external behavior to feedback to the client's view of self and 2) low self-concept acting as a block to the client's engagement in the change process. Verbal conditioning can be used to increase positive self-statements and improve self-concept. This is illustrated in two case examples.

40. Jones, R.G. "A factored measure of Ellis' irrational belief system, with personality and maladjustment correlates." Unpublished doctoral dissertation, Lubbock, Texas: Texas Technological University, 1968.

Summary: The dissertation presents a review of the development and initial reliability and validity of the Irrational Belief Test. The instrument includes 100 items measuring ten irrational beliefs in separate scales. Scales include: demand for approval, high self-expectations, blame proneness, frustration reactivity, emotional irresponsibility, anxious over-concern, problem avoidance, dependency, helplessness and perfectionism. Test-retest reliability for a 24 hour period is reported as .921. Construct validities were found in a cross validation sample ranging from .561 to .824 with a mean of .699.

41. Karst, T.O. and Trexler, L.D. "Initial study using fixed-role and rational-emotive therapy in treating public-speaking anxiety." Journal of Consulting and Clinical Psychology, 1970, 34 (3), 360-366.

Sample: 15 female and 7 male undergraduate volunteers

Dependent Variables: Pre-post changes on five self-report measures of generalized and public speaking anxiety; 2 behavioral measures of anxiety-indicating speech behaviors.

Independent Variable: Treatment mode: fixed role therapy (FRT), rational emotive therapy (RET),or no treatment (NT).

Procedure: After pre-testing, subjects were randomly assigned to groups. FRT and RET subjects had three group sessions with homework assignments. They were not told the name of the therapy. Post-tests were done within one week after the final session.

Results: Both FRT and RET subjects improved significantly compared to NT subjects, and differed significantly from each other only on one self-report measure.

42. Keller, James F., Cooke, J.W., and Brooking, Janis Y. "Effects of a program in rational thinking on anxieties in older persons." Journal of Counseling Psychology, 1975, 22 (1), 54-57.

Sample: 28 female and 2 male volunteers, median age 68.

Dependent Variable: Changes in scores on Adult (Irrational) Ideas Inventory and State Trait Anxiety Inventory as measures of increased rationality.

Independent Variable: Assignment to experimental RET group or no-treatment control group.

Procedure: All subjects were pre-tested on both tests. The experimental group underwent four weeks (8 hours) of concentrated study and discussion based on the rational-emotive therapy model. Activities included bibliotherapy, lectures, homework, handouts, group interaction, role playing, and practice using the RET process.

Results: Post-test scores indicated significant decreases in irrational ideas and state trait anxiety in the experimental group. No significant changes were seen in the control group.

43. Kendall, Philip C. and Finch, A.J. "A cognitive-behavioral treatment for impulse control: a case study." Journal of Consulting and Clinical Psychology, 1976, 44 (5), 852-857.

Client: A 9-year-old boy, described as aggressive, uncooperative, impulsive.

Goal: To reduce inappropriate"switching"behavior (i.e., from one topic, game, rule, to another.)

Treatment Technique: Verbal self-instructions and response card.

Procedure: Baseline data was taken in two one hour sessions. In three treatment sessions the therapist modeled task performance while self-instructing aloud and whispering, and the client imitated him. Instructions concerned problem definition, problem approach, focusing of attention, and coping statements. Self-instruction was cued by a card.

Results: Mean number of switches per ten minutes decreased from about four to around 0.1. Improvement was also seen in a post-treatment and six month follow-up Matching Familiar Figures test.

44. Klein, David C., Ferrcil-Morse, Ellen, and Seligman, Martin E.P. "Learned helplessness, depression, and the attribution of failure." Journal of Personality and Social Psychology, 1976, 33 (5), 508-516.

Sample: 40 male and 40 female undergraduates.

Dependent Variable: Mean latency, trials to criterion, number of failures, conditional probability of solution in a five letter anagram task.

Independent Variables: Classification as depressed versus non-depressed; treatment condition: solvable problems, control, unsolvable problems, unsolvable problems with internal attribution of failure instructions, unsolvable problems with external attribution instructions.

Procedure: Each experimental subject was first administered the Beck Depression Inventory and then asked to indicate his current sadness, nervousness, and anger on an 11-point sliding scale. All subjects then did four cognitive discrimination problems. Solvable subjects received accurate feedback and solved all four problems. Unsolvable subjects were told that their answers were wrong. Internal attribution subjects were shown a graph indicating 90% of subjects solve at least two problems, while external attribution subjects were told that 90% fail all four. All subjects then completed the sliding scale, did a series of five letter anagram tasks, and repeated the sliding scale. Control subjects completed the anagram task only.

Results: Unsolvable subjects had significantly lower anagram performance than solvable and control subjects. Depressed and non-

depressed unsolvable subjects did not differ significantly, ($p < .06$), while depressed and non-depressed subjects in control and solvable conditions did ($p < .01$; $p < .05$). Attribution instructions had little effect for non-depressed subjects, but external attribution instruction significantly improved the performance of depressed subjects.

45. Kopel, Steven A. and Arkowitz, Hal S. "Role playing as a source of self-observation and behavior change." Journal of Personality and Social Psychology, 1974, 29 (5), 677-686.

Sample: 45 paid female undergraduates.

Dependent Variables: Changes in pain threshold, tolerance threshold, observer rating, self-rated reaction, and pulse rate.

Independent Variables: Role playing an upset or a calm reaction.

Procedure: All subjects underwent a series of shocks which established a baseline pain and tolerance threshold and other motoric reactions were observed. Immediately after this the subjects' pulse rates were taken. Subjects were assigned to role-play-upset, role-play-calm, and control groups. In a second series of shocks role-play-upset subjects were asked to appear "upset" by the shocks and also give a verbal report about the shock. Role-play-calm subjects were asked to remain calm as much as possible and give the verbal report. Control subjects were told to act naturally and to give a non-evaluative verbal report. Following this all subjects were retested for pain and tolerance threshold. Pulse rate was measured before and after the post-test. Finally a questionnaire measuring awareness of experimental hypotheses was given.

Results: Pre-test/post-test changes for pain and tolerance threshold and self-rated upset were in the predicted directions for all groups. No differences were found in pulse rate.

46. Lantz, James E. "The rational treatment of parental adjustment reaction to adolescence." Clinical Social Work Journal, 1975, 3, 100-108.

Summary: Rational casework is considered an effective treatment for the parental adjustment reaction to the new developmental demands placed on the family by adolescence. The rational therapist first shows the client that he can control his negative emotionality, then gives input on how to do this, and finally provides some effective behavior management techniques when the client is prepared to make use of them. Rational therapy's specific assignments are considered incompatible with the previous dysfunction.

47. Lanzt, James E. and Wesk, K. "Short-term casework: a rational-emotive approach." Child Welfare, 1976, 55, 29-38.

Summary: The rational-emotive approach to casework is a useful strategy in a short-term casework setting where environmental changes are impossible or the client cannot make use of them. It includes the process stages of contracts, intellectual insight, practice, and termination. Written homework of rational self-analysis, bibliotherapy, and audiotaping are main techniques. A case illustration illustrates short-term treatment.

48. Lazarus, Arnold A. "Desensitization and cognitive restructuring." Psychotherapy: Theory, Research, and Practice, 1974, 11 (2), 98-102.

Summary: Taking the point of view that one's therapeutic methods are related to one's view of causality, the author contrasts the non-mediational and mediational views of the origin and treatment of neurosis. The author's experience suggests that while desensitization may be the treatment of choice in classical phobias where social action is precluded (e.g. claustrophobia), cognitive restructuring gives faster and more durable results in social phobias or cases involving secondary gain. Cognitive restructuring is considered an action therapy which teaches constructive alternatives and provides assertive and other responses.

49. Lazarus, Richard S. " A cognitively oriented psychologist looks at biofeedback." American Psychologist, 1975, 30, 553-561.

Summary: Emotion is a complex disturbance with three main components: subjective affect, physiological changes, and action impulses. The type of emotional response is contingent on appraisal of a transaction as damaging, threatening, productive of well-being, or challenging. Emotion is manipulated by shifts in perception of the environment, as well as the person's efforts at coping, either in direct action on the problem or in palliation of emotion through intrapsychic defenses or automatically-oriented modes. The choice of coping strategy seems to be dictated by the context of the stress; preferred coping styles and patterns of belief relate to an individual's capacity to use biofeedback and control his reactions.

50. Lehman, Patricia. "Practical applications of RET: group techniques." Journal of Rational Living, 1973, 8 (1), 32-36.

Summary: Rational-emotive therapy groups can be seen as problem-solving groups having the following goals: 1) Creating or increasing awareness of problem areas; 2) Developing challenges to the problem; 3) Devising methods of bringing ideas or plans to attention; 4) Providing opportunities and plans for action; 5) Engaging in assessment of progress. Specific techniques for realizing each of these goals are given.

51. Lomont, J. and Brock, L. "Cognitive factors in systematic desensitization." Behavior Research and Therapy, 1971, 9, 187-195.

Sample: 50 female undergraduates with fear of harmless snakes.

Dependent Variable: Behavioral approach measure to live snake, fear thermometer, number of hierarchy items completed.

Independent Variables: Random assignment to experimental groups condition: 1) telling subjects treatment was effective, 2) telling subjects effectiveness of treatment was unknown, 3) not telling subjects the rationale of the treatment, and 4) no treatment control.

Procedure: All subjects were pre-tested for snake fear. One week later, all four experimental groups began systematic desensitization using imagined scenes facilitated by color slides. The number of trials was adjusted so as to end the experiment after just enough trials for one subject to complete the hierarchy. After one week all subjects were post-tested on the approach measure and fear thermometer.

Results: No significant difference was seen between any of the four experimental groups. The combined experimental groups' scores were significantly reduced compared with the control group.

52. Loveless, Eugene J. and Brady, Helen M. "The cognitive base of psychotherapy." Psychotherapy: Theory, Research, and Practice, 1974, 11 (2), 133-137.

Summary: The goal of cognitive psychotherapy is change in the client's cognitive structures. The therapist first helps the client to examine specific cognitive-affective-behavioral reaction sequences which are causing pain, bearing in mind the importance of the interpersonal aspects of the therapy situation and the necessity to pace therapy at the client's rate of acceptance. Client and therapist then explore and reappraise unrealistic judgment-diversions and construct alternatives. New behaviors must be practiced in vivo for change to occur. Cognitive restructuring is an insight therapy, but as concerns factors in the present, not early childhood origins.

53. Ludwig, Lawrence D., and Lazarus, Arnold A. "A cognitive and behavioral approach to the treatment of social inhibition," Psychotherapy: Theory, Research and Practice, Fall, 1972, 9 (3), 204-206.

Summary: The authors express the view that social inhibition can be markedly reduced by challenging frequently occurring irrational cognitions and by directly alternating inhibited behavior patterns. The article lists the four most common irra-

tional cognitive patterns: 1) self-criticism and perfectionism,, 2) unrealistic approval needs, 3) unrealistic labeling of aggressive and assertive behavior, 4) criticism of others. The article also lists ways to alter irrational behavior and cognitive patterns. The three phases of treatment are listed as: talking more, reactions to talking more and additional strategies. Under the latter are techniques of expressing disagreement more, tolerating fewer interruptions, initiating more comments, telling more stories, etc.

54. MacDonald, A.P., Jr., and Games, Richard E. "Ellis' irrational values: a validation study." Journal of Rational Living, 1972, 6, 25-28.

Summary: The authors presented a list of Ellis' 11 irrational values in a Likert format to 181 undergraduates in three validational studies. Results showed that: 1) All values except two correlated with the total (r:.42-.47); 2) Scores on the Ellis scale correlated negatively with the California Psychological inventory, as predicted; and 3) Ellis scale scores correlated (r:.37-.44, $p < .01$) with the Eysneck Neuroticism Scale, the Taylor Manifest Anxiety Scale and external locus of control.

55. McGrory, Joseph E. "Teaching introspection in the classroom." Journal of Rational Living, 1967, 2 (2), 23-24.

Summary: Working from the assumption that the best time to introduce material to overcome dependence and self-defeat is during adolescence, the author taught a junior-college course discussing topics such as suicide, drugs, prejudice, and social pressure, the students were encouraged to discuss personal feelings and reaction, and exploring their rational and irrational ideas. They also wrote "reaction papers" which focused on their feelings in relation to any topic or event which touched their lives. Student interest and enthusiasm was high.

56. McReynolds, William T. and Grizzard, Robert H. "A comparison of three fear reduction procedures." Psychotherapy: Theory, Research, and Practice, 1971, 8 (4), 264-268.

Sample: 24 female undergraduates with self-rated fear of harmless snakes.

Dependent Variables: Pre-post changes in behavioral avoidance test, general and approach fear thermometer, snake attitude questionnaire, bipolar adjective test, FSS, and FSS-snake item.

Independent Variables: Treatment mode: systematic desensitization, attitude change, operant behavior shaping, or attention placebo.

Procedure: After pre-testing on all measures, subjects were divided into matched groups of four, and randomly assigned to a treatment mode. Desensitization subjects did standard desensitization with imaginal stimuli. Behavior shaping subjects got operant reinforcement for approach to a live snake. Attitude

change subjects were given factual information about the value of snakes, and reinforced for showing signs of attitude change. Attention-placebo subjects had "self-sensitivity training." Each subject had one 35-40 minute session. Immediately following treatment, post-test measures were taken.

Results: Operant and/or attitude treatments showed significantly greater changes on five of the seven measures.

57. Mahoney, Michael J. "Reflection on the cognitive-learning trend in psychotherapy." American Psychologist, 1977, 32, 5-13.

Summary: The cognitive-learning perspective, which endorses interactive determinism, is a hybrid which complements both traditional behavioral and intropsychic therapies. This perspective asserts that the organism responds to cognitive representations of its environment, that these representations are related to the processes of learning, that learning is cognitively mediated, and that thoughts, feelings, and behaviors are causally interactive. Continued theoretical and practical development is needed to deal with the definitional problems related to the assessment of cognitive phenomena and the reciprocal impact of cognitions and other categories of experience on each other. Such a perspective also points up the necessity for the clinical scientist to have broad-based expertise in medicine and the social, natural, and behavioral sciences.

58. Margolis, R.B. and Shemberg, K.M. "Cognitive self-instruction in process and reactive schizophrenics; a failure to replicate." Behavior Therapy, 1976, 7, 668-671.

Sample: 32 institutionalized schizophrenic males.

Dependent Variables: Pre-post changes on Brown digit symbol test and Chapman and McGhie Auditory distraction digit recall test.

Independent Variables: Process versus reactive schizophrenia; self-instruction training versus practice control.

Procedure: After pre-testing, self-instruction subjects were seen individually for two half-hour training sessions, using Halstead's Trail Making Test. Self-instruction training consisted of: 1) E modeling task talking aloud, 2) S performing with E's instruction, 3) S performing with self-instruction, 4) S performing with whispered self-instruction, 5) S performing with covert self-instruction. Each practice control S was yoked to an experimental S. Subjects were post-tested immediately after the final training session.

Results: No significant differences were seen for either measure.

59. Marshall, W.L. "Reducing masturbatory guilt." Journal of Behavior Therapy and Experimental Psychiatry, 1975, 6, 260-261.

Client: A 22-year-old male with persistent homosexual fantasies.

Goal : To reduce masturbatory guilt in order to facilitate orgasmic reconditioning.

Treatment Techniques: Cognitive restructuring by self-reinforcement of positive statements.

Procedure: The client was instructed to masturbate twice a day and to repeat a statement from a prepared list of positive remarks about masturbation. He then delivered a self-chosen reinforcer.

Results: After one week the client reported no further guilt about masturbation and actual enjoyment of it. Orgasmic reconditioning was carried out and successfully changed masturbatory fantasies. Self-punishment procedures were used to eliminate the other fantasies.

60. Marston, Albert R. and Feldman, Soloman E. "Toward the use of self-control in behavior modification." Journal of Consulting and Clinical Psychology, 1972, 39, (3), 429-433.

Summary: Self-control is a two-stage process: 1) the general cognitive set related to the focal response to be controlled and, 2) specific self-controlling responses. The cognitive set, which is modified by reinforcement attitudes, insights, etc., is an executive response or mediator or discriminative stimulus for the self-controlling responses. The individual's likelihood of developing a commitment to change is related to aspects of his own capacities and motivation and the availability of organized aids in his environment.

61. Maultsby, Maxcie C. "Rational-emotive imagery." Journal of Rational Living, 1971, 6 (1), 24-27.

Summary: Rational-emotive imagery, a cognitive restructuring technique developed by Albert Ellis for use in Rational-Emotive Therapy, is described. The technique includes relaxation imagery, followed by visualization of a disturbing situation. The client is asked to modify irrational self-talk related to the disturbing situation visualized and to replace this with visualized rational self-talk regarding the identified situation. Use of the technique both in the therapeutic interview and as a part of homework assignments are discussed.

62. Maultsby, Maxcie C. "Systematic written homework in psychotherapy." Psychotherapy: Theory, Research, and Practice, 1971, 8 (3), 195-198.

Sample: 87 unselected OPD clients having RET as their only form of psychotherapy.

Dependent Variable: Estimate of homework performance diligence.

Independent Variable: Classification as "no improvement," "moderate improvement" or "much improvement."

Procedure: Clients were classified into the three groups based on self-report, observed behavioral change, lack of new problems, length of time in therapy, test data, and ability to verbally operationalize therapeutic changes. Their self-report of homework performance was rated on an eight point scale.

Results: Homework diligence scores for the "no improvement", "Moderate improvement" and "much improvement" groups were .833, 3.78, and 5.78 respectively. These differences are significant in an F test at $p < .01$.

63. Maultsby, Maxie C., Stiefel, Leanna, and Brodsky, Lynda, "A theory of rational behavioral group process." Journal of Rational Living, 1972, 7 (1), 28-34.

Summary: Based on questionnaire response from 69 out-patients in rational behavioral group therapy, the authors isolated four beneficial aspects of RB group process. 1) Experiencing the group as non-threatening setting; 2) becoming aware of the universality of neurotic process; 3) viewing the group as a micro-world; and 4) seeing the progress of other members in rational learning. Value of group experience was not associated with pleasantness.

64. Maultsby, Maxie. "Rational behavior therapy for acting-out adolescents." Social Casework, 1975, 56, 35-43.

Summary: The author presents a differential diagnosis system that distinguishes five types of adolescents: 1) acting-out (neurotic), 2) acting-up (normal), 3) acting bad (anti-social), 4) acting for real (psychotic), 5) acting their best (mentally defective). Rational behavior therapy is discussed and illustrated as an effective method for acting-out adolescents.

65. Mayer, Roy G., Rohen, Terrence, M., and Whitley, Dan A. "Group counseling with children: a cognitive-behavioral approach." Journal of Counseling Psychology, 1969, 16 (2), 142-149.

Summary: Social learning theory and dissonance theory can be integrated with group dynamics to provide an explanation of therapeutic effects in group counseling with children. Dissonance for an individual may be created in the group situation by allowing members to observe contradictory information or through role-playing. Opportunities for dissonance reduction are provided through verbalizations or changes in overt behavior. Modeling and social reinforcement provide the impetus for these changes. The operation is enhanced by the combination of a number of conditions relating to the situation, characteristics of the model, complexity of verbalization or behavior, and reinforcement contingencies for imitation.

66. Meichenbaum, Donald H. "Cognitive modification of test anxious college students." Journal of Consulting and Clinical Psychology, 1972, 39, 370-380.

Sample: 15 male and 6 female students with self-reported test anxiety and a group of 10 low-test anxiety students.

Dependent Variables: Pre-post changes in grade point average, digit symbol test, Raven matrices, adjective checklist, anxiety differential, and Alpert-Haber Anxiety Test.

Independent Variable: Treatment mode: cognitive modification versus group desensitization versus waiting list control.

Procedure: After subjects were pretested on all measures, the two treatment groups were given eight therapy sessions and a post-test. Group desensitization subjects did standard desensitization with relaxation, group hierarchy construction and imagery. Cognitive modification subjects were trained to be aware of internal and external cues in the test situation which elicited anxiety, to omit task-relevant self-statements and to relax during the test. The latter was done by teaching relaxation techniques, and adding coping and mastery images to standard desensitization procedure.

Results: Cognitive modification was significantly more effective than no treatment in two of the three performance measures and on the adjective checklist and anxiety differential. Desensitization was superior to no-treatment on the performance measures and anxiety differential, but was less effective than cognitive modification on all but one measure. Cognitive modification subjects showed decreases in debilitating anxiety to the level of the non-anxious sample and also significant increases in facilitative anxiety.

67. Meichenbaum, D. and Cameron R. "The clinical potential of modifying what clients say to themselves." Psychotherapy: Theory, Research, and Practice, 1974, 11 (2), 103-117.

Summary: Research dealing with the modification of client self-statements is reviewed. Client groups include impulsive children, schizophrenics, anxious and phobic neurotics, and cigarette smokers. Various treatment techniques are discussed, including modeling, insight treatment, self-instructional coping imagery, expanded anxiety relief therapy, stress innoculation, and systematic desensitization. The effects of both the expanded anxiety relief and stress innoculation procedures generalized to other phobic stimuli.

68. Meichenbaum, Donald H., and Goodman, Joseph. "Training impulsive children to talk to themselves: A means of developing self-control." Journal of Abnormal Psychology, 1971, 77 (2), 115-126.

Brief Introduction: This article discusses two studies that examine the efficacy of a cognitive self-instructional (SI) training procedure for altering the behavior of "impulsive" school children. Study I employed an individual training procedure which required the impulsive child to talk to himself, initially overtly and then covertly, in an attempt to increase self-control. Study II examined the efficacy of the modeling and training components of the cognitive treatment procedure in altering the impulsive child's performance on Kagan's (1966) MFF test. Only subjects who received both modeling and SI training significantly improved.

Study I:

Sample: 15 "impulsive" second graders (8 females, 7 males) median age 8 years, 2 months.

Dependent Variables: Changes in cognitive compulsivity, measured by Kagan's (1966) MFF test and the WISC (Picture Arrangement, Block Design, Coding). Also, classroom behavioral ratings.

Independent Variables: Treatment: cognitive self-instruction (SI) versus attention control (AC) versus no treatment control (NC).

Procedure: SI subjects were seen individually for four one half hour sessions. E performed a task while self-instructing aloud, then S repeated the task four times while: 1) E instructed aloud, 2) self-instructed aloud, then 3) whispering, then 4) covertly. Instructions included nature of task, cognitive rehearsal, self-guidance and self-reinforcement. AC subjects were seen but not trained; NC subjects were not seen. All subjects were then post-tested.

Results: SI subjects showed significantly greater improvement than controls onall psychometric tests. Behavioral measures showed no significant differences.

Study II:

Sample: 15 impulsive second graders.

Dependent Variable: Changes in impulsivity measured by MFF.

Independent Variable: Cognitive modeling versus cognitive modeling plus SI training versus attentional control.

Procedure: E modeled the task and self-instruction for cognitive modeling subjects. Subjects were encouraged and verbally reinforced for using SI, but no SI training was given. SI and AC conditions were as in Study I. Subjects received eight practice trials. All subjects were post-tested on the MFF.

Results: Cognitive modeling alone was sufficient enough to slow down the impulsive child's response time, but only with the addition of SI was there a significant decrease in errors,

69. Morley, Eldon L. and Watkins, John T. "Locus of control and effectiveness of two rational-emotive therapy styles." Journal of Rational Living, 1974, 9 (2),22-24.

Sample: 30 public-speaking-phobic speech students.

Dependent Variables: Pre-post changes on two self-report and two behavioral measures of public speaking anxiety.

Independent Variable: Treatment condition: RET versus modified RET; internal versus external locus of control.

Procedure: Subjects were tested for locus of control and randomly assigned to either RET or modified RET treatment groups. In modified RET subjects were given insight into their rational and irrational beliefs, but were not encouraged or aided in disputing the latter. Treatment was given in five one-hour group sessions. Dependent measures were taken before and after therapy.

Results: No significant changes were found in self-report measures, but externally-oriented subjects with RET and internally-controlled subjects with modified RET were seen to have the greatest therapeutic gains on behavioral measures.

70. Nawas, Mike M. "Wherefore cognitive therapy? A critical scrutiny of three papers by Beck, Bergin and Ullman." Behavior Therapy, 1970, 1, 539-570.

Summary: The author comments on what he sees as a narrow view of behavior therapy, and suggests that cognitive and behavioral therapies are really two approaches to the same thing, and not opposed, as some writers have implied. Cognititions, although not visible, are considered behavior, and as such are legitimately within the realm of behavior therapy. Behavior therapy, although criticized as "sterile" and "controlling", presents no idealized view of what man "should" be, and is therefore seen by the author as much more humanistic than the "humanist" approaches to therapy of Rogers, Frankl, etc.

71. Newmark, C.S. and Ziff, D.R. "Ellis' Irrational Beliefs: Congruity between patients' endorsements and psychologists' predictions." Professional Psychology, 1977, 8 (1), 48-54.

Summary: A sample of 700 psychiatric inpatients and outpatients were asked to indicate which of a list of eleven (irrational) beliefs they held. A second sample of 208 recently graduated Ph.D. psychologists predicted the patients' endorsement based on diagnostic category. Consensual agreement was highest for depressive, anxiety, and obsessive-compulsive neurosis and paranoid personality groups (10 out of 11), and lower (7 - 8 out of 11) for patients diagnosed as sociopaths, hysterical personality and alcoholics.

72. Nisbett, R.E. and Schachter, S. "Cognitive manipulation of pain." Journal of Experimental and Social Psychology, 1966, 2, 227-236.

Summary: To test the hypothesis that naturally-occurring states of physiological arousal can be cognitively manipulated, subjects were given a placebo pill and a series of shocks up to their tolerance threshold. Half the subjects were told that the pill would cause certain physiological effects. Also, half the subjects were given high and half low shock fear expectations. Subjects who attributed their arousal to the pill tolerated more shocks and reported less pain.

73. Novaco, Raymond W. "Treatment of chronic anger through cognitive and relaxation controls." Journal of Consulting and Clinical Psychology, 1976, 44 (4), 681.

Summary: 34 male and female subjects, 17-42 years old, were treated with a self-instructional treatment, relaxation training, combined treatment, or attention placebo. Greatest improvements were seen in combined treatments. Self-instructionssubjects also showed significant gains in control of anger. Relaxation treatment differed from control only on the self-report measure.

74. O'Connell, W.E., and Hanson, Philip G. "Patients' cognitive changes in human relations training." Journal of Individual Psychology, 1970, 26, 57-63.

Sample: 143 male VA hospital inpatients.

Dependent Variable: Pre-post changes on Hartman's Personal Beliefs Inventory.

Independent Variable: Active versus passive participation in an action therapy based on psychodrama and Adlerian theory.

Procedure: The PBI was administered at the beginning and end of the four week action therapy program.

Results: Both groups showed significant improvement in PBI scores. Active participants showed greater (+) changes, but not significantly different from passive ones. Active participants' progress seemed to be in the area of developing interpersonal tolerance.

75. Rand, Martin E. "Rational-emotive approaches to academic underachievement." Journal of Rational Living, 1969, 4 (2), 16-18.

Summary: Academic underachievement among high ability college students is seen as due in part to a number of irrational beliefs as to what college "should" be. These students behave as if college is the way they think it should be and/or upset themselves over the fact that it is not. The main therapeutic task with these students is to identify and challenge these beliefs, to show their self-defeating nature.

76. Rimm, David C. and Litvak, Stuart B. "Self-verbalization and emotional arousal." Journal of Abnormal Psychology, 1969, 74 (2), 181-187.

Sample: 27 undergraduates.

Dependent Variables: GSR, respiration rate and depth.

Independent Variables: Affective and evaluative loading and content relevance of self-verbalized sentences.

Procedure: Before the experiment, 35 areas of possible personal concern were rated on a 0-7 scale by a psychology class. The 10 items rated highest and lowest were given to subjects in this experiment to rate to determine relevant affective content. The two items with highest and lowest ratings for each subject was used to determine the content for four trials of negative affective sentences. Each trial contained three increasingly

negative sentences and ended with a strongly negative evaluative sentence. Order of presentation for the four trials was either: highest, lowest, 2nd highest, 2nd lowest, or: lowest, highest, 2nd lowest, 2nd highest. Control subjects were presented with four impersonal non-affective trials. Sentences were presented one at a time. GSR and respiration were continuously monitored.

Results: For all response measures, no effects were seen for degree of relevance. No significant differences were found between responses to the three sentences of the trial. Experimental subjects were significantly different in the predicted direction from control subjects on respiration measures, but not on GSR.

77. Rippene, Vicky. "Some cognitive dimensions of anti-depressive behavior." Behavior Research and Therapy, 1977, 15, 57-63.

Summary: 10 male and 28 female undergraduates completed questionnaires about frequency of depression, attempts to relieve it and success of these attempts for themselves and for an "average person." They also estimated other subjects' average response. Observed and predicted answers were closely congruent. Results indicated that subjects, even without psychological sophistication, had first, second and third order cognitions about their own, other people's and other's views of the "average person's" depressive experiences.

78. Russel, Philip L. and Brandsma, Jeffery M. "A theoretical and empirical integration of the rational-emotive and classical conditioning theories." Journal of Consulting and Clinical Psychology, 1974, 42 (3), 389-397.

Sample: 40 female undergraduates.

Dependent Variables: GSR conductance, respiration rate and depth.

Independent Variables: High or low neuroticism, verbalization of affectively loaded or neutral sentence dyads, high or low personal relevance of effective loading.

Procedure: Each subject filled out a measure of neuroticism and chose their two most and least important concerns from a list of 100 items. Experimental subjects were shown and then verbalized four pairs of affectively loaded sentences, two high relevant and two low relevant. The order of presentation was varied to deal with habituation effects. Control subjects read and verbalized pairs of neutral logical syllogisms. GSR and respiration were continuously recorded.

Results: No habituation effects were seen. The respiration measures showed no significant differences. GSR measures discriminated between affectively-loaded and impersonal sentences ($p < .001$). There was also a significant main effect for relevance ($p < .01$) and an interaction of relevance with sentence type, as predicted. No differences were seen between high and low neuroticism subjects.

79. Saleebey, Dennis. "A proposal to merge humanist and behaviorist perspectives." Social Casework, 1975, 65 (8), 468-479.

Summary: The humanistic and behaviorist approaches have a number of apparently conflicting assumptions about the nature of man, his intrinsic worth, and the etiology and cure of psychological dysfunctioning. Social work practice is committed to the humanist stance, but cannot afford to ignore the empirically proven effectiveness of behaviorist technology. A means of integrating these approaches is one which sees man as the creator of his own meaning and the self as arising from the tension of needing to create this meaning and needing to accept the meaning imposed by society. The latter is the source of neurosis, a diminished behavioral and cognitive range. Behaviorism has the potential to expand cognitions and behavior; humanism has the potential to help man to create his own meaning; their integration provides an effective and esthetic means of intervention.

80. Sanchez-Craig, Martha B. "Cognitive and behavioral coping strategies in the reappraisal of stressful social situations." Journal of Counseling Psychology, 1976, 23 (1), 7-12.

Sample: 22 male and 27 female seventh and eighth grade students.

Dependent Variables: Changes in an assessment questionnaire which included an aversive cue inventory and scale, an overall discomfort scale, a coping response inventory, and a treatment appraisal scale. A semantic differential was also given after termination.

Independent Variables: Treatment condition: Stimulus reappraisal, behavioral coping response, combined treatment, or identification-control.

Procedure: All subjects indicated a desire to improve a relationship with a significant other. In the first individual session, each subject identified his personal stress situation on the questionnaire, and treatment subjects were told that future sessions would help them to be more comfortable in the situation. Reappraisal subjects then spent two sessions with the worker examining the aversive cues of the situation and learning to facilitate reappraisal of them. Coping response subjects spent two sessions learning new positive coping responses. Com-

bined treatment subjects spent a total of four sessions doing reappraisal and coping response learning. Identification-control subjects talked about non-problem-related subjects for four sessions. In the final session, all subjects assessed their situations again on the dependent measures. One week later, all subjects were given the Semantic Differential.

Results: Coping-response and combined treatment resulted in significantly greater reduction in aversive cues. All treatment groups showed a significant positive change in coping styles compared to control, which was also rated less effective by subjects. Combined and response groups had higher semantic differential potency ratings than control; combined subjects were also higher than stimulus treatment subjects.

81. Shaffer, David R. and Hendrick, Clyde. "Dogmatism and tolerance for ambiguity as determinants of differential reactions to cognitive inconsistency." Journal of Personality and Social Psychology, 1974, 29 (5), 601-608.

Sample: 52 male and 52 female undergraduates.

Dependent Variables: Subjects post-test rating of 10 effort, interest, comfort and competence scales.

Independent Variables: High versus low dogmatism, high versus low tolerance for ambiguity, high versus low task effort.

Procedure: Subjects completed a high or low effort number circling task. They then were asked to complete the rating questionnaire, and then the Troldahl and Powell Short Dogmatism Scale and the MacDonald Ambiguity Tolerance scale. On the basis of the latter two scales they were classified as high or low on those traits.

Results: Analysis of results showed that closed-minded and low-tolerant subjects experience greater mental discomfort than did open-minded and high-tolerant subjects. Further the former reduced dissonance by derogating the experiment and experimenter, while the latter enhanced the effortful task. Subjects in all conditions were comparable in final mental discomfort.

82. Shorkey, Clayton T. and Whiteman, Victor L. "Development of the rational behavior inventory: initial validity and reliability." Journal of Educational and Psychological Measurement, 1977, 37.

Summary: The article presents a review of development and preliminary evaluation of the Rational Behavior Inventory. The inventory consists of eleven Guttman scales with a coefficient

of reproducibility of 0.90 or greater and with a coefficient of scalability of 0.60 or greater. Scales include: cognitive escalation of the seriousness of frustrating situations, feelings of guilt and attribution of guilt to others, demand for perfection, frame of reference for making value judgments, demand for caring and helping, blame and punishment, avoidance and inertia, independence in decision-making, self-downing, catastrophizing related to possible future misfortunes, and control over emotions. Data related to reliability studies and validity of the instruments with college students and mental health professionals is presented.

83. Snyder, Veronica. "Cognitive approaches in the treatment of alcoholism." Social Casework, 1975, 56 (8), 480-485.

Summary: Phases and types of alcoholism are discussed in detail. The application of cognitive methods to treatment is presented in terms of three premises: 1) Change in perception alters emotions, motives and behavior, 2) changes in goal are especially influential in altering behavior, and 3) new activities and behaviors alter perceptions. The application of a cognitive approach to the treatment of a recovering alcoholic is given in a case illustration.

84. Trexler, Larry D. and Karst, Thomas O. "Rational-emotive therapy, placebo, and no treatment effects on public speaking anxiety." Journal of Abnormal Psychology, 1972, 79 (1), 60-68.

Sample: 16 male and 17 female undergraduates in a beginning public speaking course, with self-rated slight or moderate public speaking anxiety.

Dependent Variables: Pre-post changes in physiological (finger sweat print), observational (a 20 item behavioral checklist) and self-report (Irrational Beliefs Test, Anxiety Scale, Personal Report of Confidence as a Speaker) measures.

Independent Variable: RET versus placebo versus no treatment.

Procedure: Subjects completed the IBT and PRCS in advance, then completed the AS immediately before delivering a three-minute speech. Subjects were matched on the self-rating scores and randomly assigned to treatment conditions. RET subjects received several sessions focusing on three irrational ideas chosen a prior by the therapist. Placebo subjects got relaxation training along with positive expectancy instructions. After a second speech test, no treatment and Placebo subjects received the RET treatment. All subjects then had a third test speech.

Results: Results were analyzed after the second and third test speeches and indicated that RET was more effective than either no treatment or the relaxation-placebo treatment used.

85. Ullman, Leanard P. "On cognitions and behavior therapy." Behavior Therapy, 1970, 1, 201-204.

Summary: The author discusses Beck's (1970) view that cognitions are behaviors, and concludes that, if so, the behavior therapist can and should deal with them. The use of cognitions as potential reinforcing stimuli is discussed in brief case illustrations.

86. Vertes, Robert. "The rational emotion: a definition." Journal of Rational Living, 1969, 4 (2), 19-20.

Summary: The rational (or appropriate) emotion is defined as the effective response that is congruent with reality and maximizes pleasure and satisfaction while minimizing pain. Normally the human body can determine what is pleasurable and what is not, but verbal mediation can increase the chances for irrational emotions even as it allows for a wider range of emotional responses.

87. Wargo, Donald G., Millis, Willard E., and Hendricks, Norman G. "Patient rational verbal behavior as an antecedent to outcome in psychotherapy." Psychotherapy: Theory, Research, and Practice, 1971, 8 (3), 199-201.

Sample: 20 psychoneurotic out-patients between 18 and 45, judged "attractive" for psychotherapy.

Variables Studied: Correlations of patient and therapist rationality with five outcome measures: Social Ineffectiveness Scale, Discomfort Scale, Target Improvement, Patient and Therapist Statements of Global Improvement.

Procedure: Clients were randomly distributed among four psychiatric residents. Therapy was given weekly for approximately four months. An audio tape of the fifth session was rated by three judges on eight descriptors of rationality for client and therapist. These ratings were also summed for a combined score. At the end of therapy, clients were tested on the outcome measures and correlations between each of the three rationality measures and the outcome measures calculated.

Results: All outcome measures correlated negatively with all rationality scores. These correlations were significant for all patient and patient-therapist combined comparisons except Discomfort Scale. No therapist rationality-outcome measures comparisons were significant except on Target Symptom Improvement.

88. Wein, Kenneth S., Nelson, Rosemary O., and Odom, Vernon, J., "The relative contributions of reattribution and verbal extinction to the effectiveness of cognitive restructuring." Behavior Therapy, 1975, 6, 459-474.

Sample: 40 female undergraduates who rated their fear of snakes as high and who refused to place their hands on a live snake's cage in a behavioral pre-test.

Dependent Variables: Behavioral Avoidance Test, verbal self-report measures (Fear Thermometer and S-R Inventory of Anxiousness) and physiological measures (heart rate).

Independent Variable: Mode of therapy: Cognitive restructuring (CR), Verbal extinction (VE), Systematic desensitization (SD), Attention-Placebo Control (AC) and No-treatment Control (NC).

Procedure: After pretesting, all subjects had six sessions of therapy in groups of four subjects and a therapist. For all groups except NC, the first two sessions dealt with a rationale of the treatment plan and recall training to bring up instances of past experiences with snakes. CR subjects spent the next four sessions learning to recognize the harmless nature of the past snake stimuli and to re-label them accordingly. VE subjects discussed the snake stimuli, but were discouraged from re-interpreting their thoughts. SD subjects had standard desensitization with imaginal stimuli and deep muscle relaxation. AC subjects discussed the snake stimuli in terms of sexual symbolism, and NC subjects participated in pre- and post-tests only.

Results: On the BAT measure, the CR and SD conditions yielded signigicantly higher approach scores than NC, AP, or VE. For the verbal self-report measures, only CR was significantly different from the rest, although VE subjects showed significant improvements compared to NC. There were no significant effects seen on the heart rate measure.

89. Weintraub, Marcy, Segal, Richard M., and Beck, Aaron T. "An investigation of cognition and affect in the depressive experiences of normal man." Journal of Consulting and Clinical Psychology, 1974, 42 (6), 911.

Summary: Experimental results are briefly presented which confirm the hypotheses that negative cognitions relating to expectations of discomfort and failure, negative perceptions of interpersonal relationships, and negative perceptions of self are strongly associated with depressed moods and are more enduring over time than the affect itself, not only in psychiatric patients but also in normal individuals.

90. Whiteman, Victor L. and Shorkey, Clayton T. "Validation testing of the Rational Behavior Inventory." Michigan State University and the University of Texas at Austin, 1977, unpublished manuscript.

Summary: 222 students completed a questionnaire including the Rational Behavior Inventory (Shorkey and Whiteman, 1977) and the Srole Anomie scale, Lane's Authoritarianism scale, a ten-item Dogmatism scale and the Rosenberg Self-Esteem scale. As predicted in the study there was a significant positive correlation between the overall RBI score and the score on the self-esteem scale. Finally, a significant negative correlation was also reported between the RBI scale and the authoritaranism, dogmatism and anomie scales.

91. Wisocki, Patricia A. "Instructions, exposure, rehearsal, and feedback as elements in imagery-based procedures." Behaviorism, 1976, 4 (2), 189-194.

Summary: Rather than trying to fit the early data on inner events into an information-processing, conditioning, or cognitive learning theory, theory construction should be deferred until empirically denotable antecedent variables common to imagery-based procedures are further studied. First, the content and delivery of instructions, which may serve as positive task motivation, suggestion, or to define the situation. Second, exposure to the stimulus object, by instructions, directives, forced contact, imagination, or modeling. Third, rehearsal, measured by frequency counts, may be related to the initiation, maintenance, or resolution of problem behavior. Fourth, feedback, which may be self-statements or response from others, and may be task-relevant or task irrelevant.

92. Wolfe, Janet. "Emotional education in the classroom: the Living School." Journal of Rational Living, 1969, 4 (2), 23-25.

Summary: The Living School, a primary day school operated by the Institute for Advanced Study in Rational Psychotherapy, is described. In addition to normal pedagogic activities, students are guided in the application of rational-emotive principles to their daily interpersonal activities.

93. Wolpe, Joseph. "Behavior therapy and its malcontents - II. Multimodal eclecticism, cognitive exclusivism or "exposure" empiricism." Journal of Behavior Therapy and Experimental Psychiatry, 1976, 7, 109-116.

Summary: While multimodal psychotherapy maintains that behavior, affect, sensation, imagery, cognition, interpersonal relationships and drugs must all be dealt with, behavior therapy has always covered the full range of aspects of behavior and focused on those which need modification. The idea that neuroses are caused by mediating cognitions, while potentially useful, is unnecessarily limiting if applied in every case. Exposure is seen as a reducer of conditioned anxiety only in the presence of reciprocal inhibition.